

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047797

FILED  
Apr 02, 2007  
Secretary of State

Entity Name: AMITALI, LLC

**Current Principal Place of Business:**

5551 LUCKETT ROAD  
FORT MYERS, FL 33905 US

**New Principal Place of Business:**

**Current Mailing Address:**

5551 LUCKETT ROAD  
FORT MYERS, FL 33905 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EDWARDS, NADIA S CPA  
290-174TH STREET  
#815  
SUNNY ISLES BEACH, FL 33160 US

**Name and Address of New Registered Agent:**

NOTTURNO, KENNETH C  
5551 LUCKETT ROAD  
FORT MYERS, FL 33905 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KENNETH C. NOTTURNO

04/02/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HARP DEVELOPMENT, LL, C  
Address: 5551 LUCKETT ROAD  
City-St-Zip: FORT MYERS, FL 33905 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HARP MANAGEMENT, LLC,  
Address: 5551 LUCKETT ROAD  
City-St-Zip: FORT MYERS, FL 33905 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: AMIR HARPAZ

VP

04/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date